INFORMATION TECHNOLOGY PROJECT SUMMARY PACKAGE
SECTION A: EXECUTIVE SUMMARY

1.	Submittal Date	

2.	Type of Document	FSR	SPR	PSP Only	Other:
	Project Number				

3.	Project Title		Estimated Project Dates	
			Start	**End**
	Project Acronym			

4.	Submitting Department	
5.	Reporting Agency	

6.	Project Objectives

8.	Major Milestones	Est Complete Date
	PIER	
	Key Deliverables	

7.	Proposed Solution

Project #	
Doc. Type	

Executive Contacts								
	First Name	Last Name	Area Code	Phone #	Ext.	Area Code	Fax #	E-mail
Agency Secretary								
Dept. Director								
Budget Officer								
CIO								
Proj. Sponsor								

Direct Contacts								
	First Name	Last Name	Area Code	Phone #	Ext.	Area Code	Fax #	E-mail
Doc. prepared by								
Primary contact								
Project Manager								

1.	What is the date of your current Operational Recovery Plan (ORP)?	Date		Project #	
2.	What is the date of your current Agency Information Management Strategy (AIMS)?	Date		Doc. Type	
3.	For the proposed project, provide the page reference in your current AIMS and/or strategic business plan.	Doc.			
		Page #			

		Yes	No
4.	Is the project reportable to control agencies?		
	If YES, CHECK all that apply:		
	a) The project involves a budget action.		
	b) A new system development or acquisition that is specifically required by legislative mandate or is subject to special legislative review as specified in budget control language or other legislation.		
	c) The estimated total development and acquisition cost exceeds the departmental cost threshold and the project does not meet the criteria of a desktop and mobile computing commodity expenditure (see SAM 4989 – 4989.3).		
	d) The project meets a condition previously imposed by Finance.		

Project #	
Doc. Type	

Budget Augmentation Required?

No		
Yes		If YES, indicate fiscal year(s) and associated amount:

FY		FY		FY		FY		FY	
$		$		$		$		$	

PROJECT COSTS

							TOTAL
1.	**Fiscal Year**						TOTAL
2.	**One-Time Cost**						$
3.	**Continuing Costs**						$
4.	**TOTAL PROJECT BUDGET**	$	$	$	$	$	$

PROJECT FINANCIAL BENEFITS

13.	**Cost Savings/Avoidances**	$	$	$	$	$	$
14.	**Revenue Increase**	$	$	$	$	$	$

Note: The totals in Item 4 and Item 12 must have the same cost estimate.

Project #	
Doc. Type	

Vendor Cost for FSR Development (if applicable)	$
Vendor Name	

VENDOR PROJECT BUDGET

1.	Fiscal Year						TOTAL
2.	Primary Vendor Budget						$
3.	Independent Oversight Budget						$
4.	IV&V Budget						$
5.	Other Budget						
6.	TOTAL VENDOR BUDGET	$	$	$	$	$	$

---(Applies to SPR only)---

PRIMARY VENDOR HISTORY SPECIFIC TO THIS PROJECT

7.	Primary Vendor	
8.	Contract Start Date	
9.	Contract End Date (projected)	
10.	Amount	$

PRIMARY VENDOR CONTACTS

	Vendor	First Name	Last Name	Area Code	Phone #	Ext.	Area Code	Fax #	E-mail
11.									
12.									
13.									

Project #	
Doc. Type	

RISK ASSESSMENT

	Yes	No
Has a Risk Management Plan been developed for this project?		

General Comment(s)